



Dear City of San José Employee:

MedExpert helps individuals make best-practice medical and pharmaceutical decisions, resulting in improved health outcomes. MedExpert does this with a combination of cutting-edge technology, caring doctors, and supportive medical information coordinators. Together, these elements provide our members with current, accurate, and unbiased information, ensuring the best chance for achieving the highest level of healthcare for the whole family.

MedExpert adheres to the highest standards of security, privacy and confidentiality. All personal medical information is strictly confidential. MedExpert is HIPAA compliant. Your confidential treatment relationship will be directly with MedExpert. The City of San Jose is not privy to or a party to the direct services provided by MedExpert to you.

This form serves to enroll you, or a person for whom you are authorized to act, in MedExpert's Individual Medical Decision Support (IMDS) program. Your completion of this form will allow MedExpert to provide you with IMDS services.

In order to assist you with your medical situation, please:

- **Print this letter and sign below** indicating that you understand you are voluntarily entering into a relationship solely with MedExpert.
- **Complete** all pages of the separate HIPAA release form, when appropriate.
- **Fax** both this letter and the HIPAA release form (when needed) to **(650) 326-6700**. Questions about this form or the HIPAA release form can be answered by calling (800) 999-1999.

Acknowledgement of Services (please check the appropriate box and complete appropriate section):

- ☐ I, _____(print name), am voluntarily electing to receive services from MedExpert. I understand that the City of San Jose is not privy to nor a party of the IMDS services I will receive from MedExpert. The treatment relationship is solely between myself and MedExpert.
- ☐ I, _____(print name) am legally authorized to act on behalf of the following individual who is eligible to enroll in MedExpert's IMDS services: _____(print name of enrollee).
I am authorized to act on the named individual's behalf by virtue of my relationship as his/her _____(print relationship here).
I understand that City of San Jose is not privy to nor a party to the IMDS services that the above-named person will receive from MedExpert.

I understand that MedExpert must receive this completed Acknowledgement of Services before MedExpert may provide services.

Signature: _____

Date: _____